

**DISCLOSURE 6 - GOVERNMENT REGULATION**

Supplemental Individual Name _____	Phone No. _____
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Is the supplemental individual subject to regulation by a public agency in any other jurisdiction (e.g., Does the supplemental individual hold any license, certificate, permit, etc., that is regulated by a department of a local, state, federal, or foreign government)?

Yes     No

Does the supplemental individual hold any commercial licenses? (Not including the license in which they are currently applying.)

Yes     No

Has the supplemental individual ever applied for or been granted any commercial license or certificate issued by a licensing authority in any jurisdiction that has been denied, restricted, suspended, revoked, or not renewed?

Yes     No

**(1) MARIJUANA BUSINESS INTERESTS**

Provide the requested information any interest that the supplemental individual has in any other corporation, partnership, sole proprietorship, or other business entity that is directly or indirectly involved in the *growing, processing, testing, transporting, or sale of marijuana*. Add additional pages if necessary.

Marijuana Business Entity Name	License Number	State of Issuance	Country of Issuance

**(2) COMMERCIAL LICENSES OR CERTIFICATES**

Provide the requested information for all non-marijuana commercial licenses or certificates held by the supplemental individual. Add additional pages if necessary.

License or Certificate Type	License Number or Other Identifying Number	Issuing Agency

**DISCLOSURE 6 - GOVERNMENT REGULATION, CONTINUED**

Supplemental Individual Name _____	Phone No. _____
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**(3) COMMERCIAL LICENSES OR CERTIFICATES DENIED, RESTRICTED, SUSPENDED, REVOKED, OR NOT RENEWED**

Provide the requested information for all commercial licenses or certificates with which the supplemental individual has had an application or license denied, restricted, suspended, revoked, or not renewed. Add additional pages if necessary.

#	License or Certificate Type	License Number or Other Identifying Number	Issuing Agency
1	Action Taken	Reason for Action	
	Date Action Taken		
2	Action Taken	Reason for Action	
	Date Action Taken		
3	Action Taken	Reason for Action	
	Date Action Taken		

**(4) PENDING LICENSES OR CERTIFICATES**

Disclose any application for a commercial license or certificate in this state or any other jurisdiction that is currently pending and for which a determination has not been made. Do not include this current application for a marijuana license or any commercial license or certificate previously disclosed on this application. Add additional pages if necessary.

License or Certificate Type	Issuing Agency	Application Number or Other Identifying Number

**(5) GOVERNMENT EMPLOYMENT**

Do any of the following apply to the supplemental individual?

- Yes  No      Employee, advisor, or consultant of the Cannabis Regulatory Agency.
- Yes  No      Holds an elective office of a governmental unit of this state, another state, or the federal government.
- Yes  No      Member of or employed by a regulatory body of a governmental unit of this state, another state, or the federal government.
- Yes  No      Employed by a governmental unit of this state.

If you answered yes to any of the above questions, provide an explanation. If you are an elected officer of or employee of a federally recognized Indian tribe or an elected precinct delegate, please include this information in the explanation:

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